

Virginia Division of Forensic Science
BLOOD SAMPLE OR BUCCAL SWABS INVENTORY

Date/Opened By: _____

FS Lab# _____

Name on Evidence/RFLE: _____

Container#: _____ Item#: _____ Submission #: _____

Type of Seal: _____

PACKAGING DESCRIPTION: _____

SWAB ENVELOPE:

OPENED?

IF OPENED, # SWABS

Buccal Y _____ N _____

Y _____ N _____

LIQUID SAMPLE:

Blood Sample Y _____ N _____

Stain Card Prep Date: _____

Blood Tube Type: _____ # _____

COMMENTS: _____

INVENTORY VERIFIED UPON RE-OPENING (date/initials): _____